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|  | | POTENTIAL HAZARDOUS WASTE SITE DISPOSITION | | REGION 10 | SITE NUMBER AKD000850701 |
| File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460. | | | | | |
| I. SITE IDENTIFICATION | | | | | |
| A. SITE NAME North Pole Refinery | | B. STREET .25 Richardson Highway | | | |
| C. CITY North Pole | | D. STATE AK | | E. ZIP CODE 99705 | |
| II. TENTATIVE DISPOSITION | | | | | |
| Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes. | | | | | |
| RECOMMENDATION | | MARK 'X' | EPA | STATE | LOCAL |
| A. NO ACTION NEEDED -- NO HAZARD | | | | | |
| B. INVESTIGATIVE ACTION(S) NEEDED (If yes, complete Section III.) | | X | | | |
| C. REMEDIAL ACTION NEEDED (If yes, complete Section IV.) | | | | | |
| D. ENFORCEMENT ACTION NEEDED (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.) | | | | | |
| E. RATIONALE FOR DISPOSITION / SOURCES OF INFORMATION Investigate per Preliminary Assessment + sample waste oil <i>glw</i> 10-10-84 KSOB: 4x1 | | | | | |
| F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION (mo., day, & yr.) | | G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED (mo., day, & yr.) | | | |
| H. PREPARER INFORMATION | | | | | |
| 1. NAME Joan McNamee | | 2. TELEPHONE NUMBER (206) 442-4903 | | 3. DATE (mo., day, & yr.) 9-28-84 | |
| III. INVESTIGATIVE ACTIVITY NEEDED | | | | | |
| A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION. | | | | | |
| USEPA SF  1463053 | | | | | |
| B. PROPOSED INVESTIGATIVE ACTIVITY (Detailed Information) | | | | | |
| 1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO. | 2. SCHEDULED DATE OF ACTION (mo, day, & yr) | 3. TO BE PERFORMED BY (EPA, Contractor, State, etc.) | 4. ESTIMATED MANHOURS | 5. REMARKS | |
| a. TYPE OF SITE INSPECTION | | | | | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| b. TYPE OF MONITORING | | | | | |
| (1) | | | | | |
| (2) | | | | | |
| c. TYPE OF SAMPLING | | | | | |
| (1) | | | | | |
| (2) | | | | | |

Continued From Front

III. INVESTIGATIVE ACTIVITY NEEDED and PART B-PROPOSED INVESTIGATIVE ACTIVITY (Continued)

| | | | | |
|--------------------------------|--|--|--|--|
| d. TYPE OF LAB ANALYSIS | | | | |
| (1) | | | | |
| (2) | | | | |
| e. OTHER (specify) | | | | |
| (1) | | | | |
| (2) | | | | |

C. ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART B (on front & above) AS NEEDED TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.

D. ESTIMATED MANHOURS BY ACTION AGENCY

| 1. ACTION AGENCY | 2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES | 1. ACTION AGENCY | 2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES |
|-------------------|----------------------------------------------------------|--------------------|----------------------------------------------------------|
| a. EPA | | b. STATE | |
| c. EPA CONTRACTOR | | d. OTHER (specify) | |

IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY STRATEGY (On Site & Off-Site): List all emergency actions needed to bring site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.

| 1. ACTION | 2. EST. START DATE (mo, day, & yr) | 3. EST. END DATE (mo, day, & yr) | 4. ACTION AGENCY (EPA, State, Private Party) | 5. ESTIMATED COST | 6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED |
|-----------|---------------------------------------|-------------------------------------|-------------------------------------------------|-------------------|--------------------------------------------------------------------------------|
| | | | | \$ | |
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B. LONG TERM STRATEGY (On Site & Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

| 1. ACTION | 2. EST. START DATE (mo, day, & yr) | 3. EST. END DATE (mo, day, & yr) | 4. ACTION AGENCY (EPA, State, Private Party) | 5. ESTIMATED COST | 6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED |
|-----------|---------------------------------------|-------------------------------------|-------------------------------------------------|-------------------|--------------------------------------------------------------------------------|
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C. ESTIMATED MANHOURS AND COST BY ACTION AGENCY

| 1. ACTION AGENCY | 2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES | 3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES | 1. ACTION AGENCY | 2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES | 3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES |
|--------------------|------------------------------------------------|--------------------------------------------|--------------------|------------------------------------------------|--------------------------------------------|
| a. EPA | | | b. STATE | | |
| c. PRIVATE PARTIES | | | d. OTHER (specify) | | |